

# DISABILITY LIVING ALLOWANCE (DLA) FOR CHILDREN UNDER 16



DLA is made up of two parts, or components - the Care component and the Mobility component. The two components can be claimed separately or together.

## **CARE COMPONENT: QUALIFYING RULES**

You need to show that:

- i. as a result of illness or a disability, at least one of the list **A-E** below applies to the child (**A-C** are day-time needs; **D-E** are night-time needs) **and**
- ii. the attention/supervision needed is substantially in excess of that normally needed by a child of the same age [this does not apply to children who are terminally ill].

### **A. The child needs help with bodily functions frequently throughout the day**

'Bodily functions' means things like breathing, seeing, hearing, sitting up, moving about, physical and psychological development, social interaction, communication, co-ordination, using their hands, bathing, dressing and undressing, feeding, eating, drinking, toileting, medication etc.

'Help' can be physical assistance, stimulating play, physiotherapy etc. or it can be spoken help, eg prompting, encouragement, stimulation for the child's development, describing things to a child who is blind, interpreting for a child who is deaf etc.

### **B. The child needs continual supervision throughout the day in order to avoid the risk of substantial danger to him/herself or others.**

The danger has to be one which could occur at any time without warning. For example, the danger could come from falling (e.g. brittle bones, haemophilia), lack of awareness of danger, loss of consciousness, epilepsy, severe allergic reaction, dangerous or aggressive behaviour, inability to react to danger, self-harm etc.

### **C. The child needs help with bodily functions, as in A above, but only for about 1 hour in total, rather than throughout the day.**

### **D. The child needs help in the night in connection with bodily functions.**

The help has to be either 'prolonged' i.e. lasting at least 20 minutes (count the time the carer would need to be out of bed) or 'repeated' i.e. more than once.

### **E. The child needs someone to be awake during the night to watch over him/her in order to avoid substantial danger to him/herself or to others.**

This applies if the child's condition/disability means that someone has to wake up in the night to check on him/her. It could also apply if the child wanders round the home at night and cannot safely be left to do this unsupervised.

The watching over must be either 'prolonged' i.e. for at least 20 minutes (it is the amount of time the carer would need to be awake that counts) or 'at frequent intervals' i.e. repeated throughout the night.

## Care Component Rates

C	Lowest rate care component
A or B or D or E	Middle rate care component
( A or B ) plus ( D or E )	Highest rate care component

### **MOBILITY COMPONENT: QUALIFYING RULES**

**Higher rate**  
(from age 3)

- A)** The child has a physical disability which means s/he is
- unable to walk, **or**
  - virtually unable to walk (this could apply if his/her ability to walk is extremely limited because of pain or breathlessness or fatigue, or because his/her walking is very slow, or awkward etc), **or**
  - both deaf and blind ,**or**
  - without feet
- OR**
- B)** S/he is severely mentally impaired, **and**
- has severe behavioural problems, **and**
  - qualifies for the highest rate of the care component

**Lower rate**  
(from age 5)

For the lower rate you have to show that, although the child is physically able to walk, s/he has a physical or mental disablement which means s/he cannot walk out of doors in unfamiliar areas without guidance or supervision. The guidance/supervision must be substantially in excess of that normally required by a child of the same age. This could apply, for example, to a child who is blind or deaf or has a learning disability but any disabled child who needs extra guidance/supervision outdoors may qualify.

### **GENERAL NOTES**

1. For both components, the above criteria must have both existed for at least 3 months and be likely to continue for at least a further 6 months. This does not apply to terminally ill children.
2. "Night-time" starts after the household has 'closed down' for the night – i.e. when the carer has gone to bed not just when the child has gone to bed.
3. **If the child is already on DLA you should think very carefully before asking for the DLA to be looked at again - the award could go down, not increase – see the WWRAS leaflet 'A Risky Business' (Pb29) for further advice.**

The information in this factsheet is correct as of October 2008

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